

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

PETER VIVALDI FOR CONGRESS

ADDRESS (number and street)

11555 LAKE UNDERHILL ROAD

Check if different  
than previously  
reported. (ACC)

ORLANDO

FL

34786

2. FEC IDENTIFICATION NUMBER ▼

C

C00546531

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

FL

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2013

through

M M / D D / Y Y Y Y  
09 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL KILGORE

Signature of Treasurer

PAUL KILGORE

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 15 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 13

Write or Type Committee Name

**PETER VIVALDI FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	10631.00	10631.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	10631.00	10631.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4405.46	4405.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	4405.46	4405.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6225.54	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 13

Write or Type Committee Name

**PETER VIVALDI FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

8450.00

8450.00

(ii) Unitemized.....

2181.00

2181.00

(iii) TOTAL of contributions from individuals ▶

10631.00

10631.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

10631.00

10631.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

10631.00

10631.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4405.46	4405.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4405.46	4405.46

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10631.00
25. SUBTOTAL (add Line 23 and Line 24).....	10631.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4405.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6225.54

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PETER VIVALDI FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Peter Clarke</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2013	
Mailing Address 2607 Overlake Ave		<b>Transaction ID : SA11AI.4244</b>	
City Orlando	State FL	Zip Code 32806	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Orange County	Occupation County Commissioner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Angel De Los Reyes</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 4821 Matteo Trl		<b>Transaction ID : SA11AI.4174</b>	
City Orlando	State FL	Zip Code 32839	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Carlos D Donato</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 1080 Walnut Woods Pl		<b>Transaction ID : SA11AI.4217</b>	
City Lake Mark	State FL	Zip Code 32746	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Donato and Baez	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		2250.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Walter Garcia**

Mailing Address 6106 Hoffner Ave

City

Orlando

State

FL

Zip Code

32822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WG Express

Occupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2013

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Fernando Gomez**

Mailing Address 2680 Dover Glen Cir

City

Orlando

State

FL

Zip Code

32828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reproductive Medicine Institute

Occupation  
Physician

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 21 / 2013

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Todd Henderson**

Mailing Address 6115 Westwood Blvd

City

Orlando

State

FL

Zip Code

32821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Delmonicos Steakhouse

Occupation  
General Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2013

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period

2000.00

In-kind - Event Catering

**SUBTOTAL** of Receipts This Page (optional).....

2750.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PETER VIVALDI FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Ivan A Matos</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 221 Crepe Myrtle Dr			<b>Transaction ID : SA11AI.4176</b>	
City	State	Zip Code		
Groveland	FL	34736		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250.00	
Name of Employer Information Requested		Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Francisco Ortiz</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 5410 County Fair Ct			<b>Transaction ID : SA11AI.4199</b>	
City	State	Zip Code		
Oviedo	FL	32765		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 200.00	
Name of Employer None		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 400.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Francisco Ortiz</b>			Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 5410 County Fair Ct			<b>Transaction ID : SA11AI.4200</b>	
City	State	Zip Code		
Oviedo	FL	32765		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 200.00	
Name of Employer None		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			650.00	
<b>TOTAL</b> This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Francisco Ortiz**

Mailing Address 5410 County Fair Ct

City

Oviedo

State

FL

Zip Code

32765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**Rey Ortiz**

Mailing Address PO Box 61102

City

Orlando

State

FL

Zip Code

32817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Media LLC

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		16		2013

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period

500.00

In-kind - Photography

Full Name (Last, First, Middle Initial)

**Harry Pecunia**

Mailing Address 9102 Waywood Cr

City

Orlando

State

FL

Zip Code

32825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HP Insurance Consultant

Occupation

Insurance Sales

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PETER VIVALDI FOR CONGRESS**

<b>A. Michael Radka</b> Full Name (Last, First, Middle Initial) Mailing Address 423 Sandringham Ct City Winter Springs State FL Zip Code 32708 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Consultant Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00			Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2013 <b>Transaction ID : SA11AI.4158</b> Amount of Each Receipt this Period 500.00
<b>B. Matthew Soerens</b> Full Name (Last, First, Middle Initial) Mailing Address 18 N Parkside Ave 2C City Glen Ellyn State IL Zip Code 60137 FEC ID number of contributing federal political committee. C Name of Employer World Relief Occupation Church Trainer Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00			Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2013 <b>Transaction ID : SA11AI.4150</b> Amount of Each Receipt this Period 250.00
<b>C. Anthony Suarez</b> Full Name (Last, First, Middle Initial) Mailing Address 517 W Colonial Dr City Orlando State FL Zip Code 32804 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00			Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2013 <b>Transaction ID : SA11AI.4146</b> Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			1000.00
<b>TOTAL</b> This Period (last page this line number only) .....			1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Anthony Suarez**

Mailing Address 517 W Colonial Dr

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		26		2013

Transaction ID : SA11AI.4211

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**Thomas Trevisani**

Mailing Address PO Box 1628

City

Winter Park

State

FL

Zip Code

32790

FEC ID number of contributing federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		21		2013

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Javier Vargas**

Mailing Address 2500 S Seroran Blvd

City

Orlando

State

FL

Zip Code

32822

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pio Pio RestaurantOccupation  
Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		20		2013

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

250.00

In-kind - Event Catering

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

8450.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Jacob Engels**

Mailing Address 537 Loyola Cr Unit 29203

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Event Photography

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 16 / 2013

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4107

**B. Jacob Engels**

Mailing Address 537 Loyola Cr Unit 29203

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Event Photography

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 21 / 2013

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4110

**C. Jacob Engels**

Mailing Address 537 Loyola Cr Unit 29203

City	State	Zip Code
Orlando	FL	32828

Purpose of Disbursement  
Event Photography

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 11 / 2013

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4113

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

800.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Todd Henderson**

Mailing Address 6115 Westwood Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2013

City	State	Zip Code
Orlando	FL	32821

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
In-kind - Event CateringCategory/  
Type**Transaction ID : SB17.4137**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Rey Ortiz**

Mailing Address PO Box 61102

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2013

City	State	Zip Code
Orlando	FL	32817

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
In-kind - PhotographyCategory/  
Type**Transaction ID : SB17.4134**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Javier Vargas**

Mailing Address 2500 S Seroran Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2013

City	State	Zip Code
Orlando	FL	32822

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
In-kind - Event CateringCategory/  
Type**Transaction ID : SB17.4131**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. PETER VIVALDI**

Mailing Address 6713 THORNHILL CIRCLE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2013

City	State	Zip Code
WINDERMERE	FL	32825

Purpose of Disbursement  
See Memo Entry

Amount of Each Disbursement this Period

249.10
--------

Transaction ID : SB17.4115

Candidate Name

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**B. PETER VIVALDI**

Mailing Address 6713 THORNHILL CIRCLE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2013

City	State	Zip Code
WINDERMERE	FL	32825

Purpose of Disbursement  
See Memo Entry

Amount of Each Disbursement this Period

358.00
--------

Transaction ID : SB17.4117

Candidate Name

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: FL District: 09

Full Name (Last, First, Middle Initial)

**c. Nation Builder**

Mailing Address 448 S Hill St Ste 200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2013

City	State	Zip Code
Los Angeles	CA	90013

Purpose of Disbursement  
Website Maintenance

Amount of Each Disbursement this Period

358.00
--------

Transaction ID : SB17.4117.0

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

607.10
--------

4157.10
---------